

# **Medical Care Advisory Committee (MCAC)**

**Monday, October 5, 2020**

## **MINUTES**

### **Members Present:**

Leslie Aronson, Gina Balkus, Kathy Bates, Tamme Dustin, Peter Marshall, Dawn McKinney, Paula Minnehan, Sara Morrison, Ken Norton, Nancy Rollins, Karen Rosenberg, Jonathan Routhier, Mel Spierer, Holly Stevens, Carolyn Virtue, Nichole VonDette, Heather Young, Michelle Winchester

**Excused:** Kristine Stoddard, Ellen Keith

**DHHS:** Henry Lipman, Alyssa Cohen, Sarah Finne, DMD, Brooke Blanchard, Meredith Telus, Dawn Landry, Shirley Iacopino

**Guests:** Susan Paschell, Rich Segal, Nichole St. Hilaire, Lauren Larochelle. Alex Koutroubis, Isaiah Anderson, Deb Fournier, Josh Krintzman

### **Review/Approval**

August 27, 2020: M/S/A. Abstained: Balkus, Bates, Rollins, Rosenberg

Sept 14, 2020: M/S/A. Abstained: Stevens

### **Rules: He-C 5001, 5002, Uncompensated Care, Brooke Belanger, Division of Medicaid Services, Meredith Telus, Bureau of Improvement & Integrity**

The Department proposes to change the Annual Medicaid Uncompensated Care Data Request form used by hospitals to report uncompensated care (UCC) per He-C 5001 and 5002, Payments to Non-Public Disproportionate Share Hospitals & Uncompensated Care Fund Reporting. No rule changes are proposed. The Department uses this form to calculate disproportionate share (DSH) payments to hospitals. The form is sent to hospitals at the beginning of the DSH process, and hospitals complete the form and review it with the Department prior to formal submission.

The Department obtained feedback from hospitals and the NH Hospital Association and incorporated suggested changes. The proposed changes will ensure consistent reporting across hospitals, streamline the form, and clarify data points. The changes are acceptable to the NH Hospital Association.

### **Department Updates, Henry Lipman, Medicaid Director**

**Public Health Emergency (PHE):** The federal government has extended the PHE another three months from October 22, 2020 to January 21, 2021. The Department is waiting for CMS guidance documents on how to manage eligibility redeterminations that need to be caught up.

Stakeholders, MCAC, and advocates are invited to collaborate with the Department to develop approaches to ensure that individuals maintain coverage when their eligibility would otherwise be discontinued due to lack of information. This work will be conducted before January. Over 10,000 individuals are identified as having redetermination issues to be resolved. Data relative to this group may be available at next month's meeting.

The \$300 federal unemployment benefit payment is not considered for purposes of Medicaid eligibility, but the \$100 state payment is counted. However, the Department has not heard of any new applicants having been denied as a result of the state payment.

Until CMS provides its guidance, the Department does not know the end date for eligibility termination once the PHE is no longer in force. Until then, no one will be closed (except for someone who is no longer a NH resident, has passed away, or asked to be dropped). The Department is currently working on being able to identify and notify individuals at risk of being closed. Eligibility is set to end the last day of the month that the PHE ends, currently January 31, 2021. Eligibility will remain as a standing agenda item.

**Non-Emergency Medical Transportation (NEMT):** The Department is seeking feedback on fee-for-service recipients experience using One Call as of October 1. Weekly meetings are being held with One Call and MTM to identify issues.

**Budget:** The FY 2022/2023 Medicaid budget has been submitted as part of the DHHS budget and will be posted online. 10/8/20: *budget link emailed to MCAC* <https://das.nh.gov/budget/index.aspx>. C Virtue asked what DHHS has done to evaluate provider rates, such as determining adequacy, or parity prior to developing the budget. DHHS is currently working on the rates. Budget discussion will be included on next month's meeting agenda.

**Provider Relief:** Information was sent to the MCAC on an additional \$20 billion available for Provider Relief for those providers who had not previously applied. Applications may be submitted through early November. If providers have concerns about how provider relief funds impact other PHE payments, they should address this with their auditors.

**Impact of State Loan Repayment Program (SLRP) Cuts on Medicaid Adult Dental Benefit Network, Sarah Finne, DMD:** The final FY 2022/2023 budget will determine whether the adult dental program will move forward. The next meeting of the Adult Dental Workgroup on October 8<sup>th</sup> will include a review of various benefit plans, both ACOs and ACE-like contracts.

Re: status of SLRP funds, K Stoddard noted there were sufficient funds to commit to contracts for January, 2021, utilizing funds earmarked from the dissolution of the JUA (Joint Underwriting Association). Work is underway to determine the Dental Professional Shortage Area in order to award SLRP contracts to underserved areas of the state. There are spots for two dentists and one oral surgeon. Recipients of SLRP funds must accept a specific minimum number of Medicaid patients. Of note is the need to meet the diverse needs of the population, including individuals with disabilities.

**Medicaid Enrollment: March 19 (onset of PHE) – Sept 28, 2020**

Total Medicaid: 201,241 individuals – an increase of 23,565 or 13.3%

Granite Advantage: 62,816 individuals – an increase of 11,339 or 22%

Standard program: 138,245 individuals – an increase of 12,225 or 9.7%

NH is the seventh highest of all states in enrollment growth.

For the first few months of the PHE, the number of children covered under CHIP declined. As of September, the numbers have returned to pre-PHE levels.

Children with disabilities group is the only eligibility group that declined (by 16 individuals) since the onset of the PHE.

**Ongoing Work:**

1. Private duty nursing: to better address gap in available hours.
2. DME and NHHF: any willing provider issues are being worked on.

3. MEAD: NHLA brought concerns re: disability determinations. An internal meeting is scheduled to review long awaited CMS guidance.
4. Telehealth rules are being worked on.

**Consent: Membership Subcommittee, Jonathan Routhier**

Approval of the nomination of Bill Rider to fill the Community Behavioral Health Association seat vacated by Jay Couture. The subcommittee met and recommended Bill Rider, CEO of GMMHC, to complete Jay's term. A letter of thanks will be sent to Jay to acknowledge her years of contributions to the MCAC.

**Agenda items suggested for November 9:**

- Telehealth rule
- Redeterminations
- Reporting on Medicaid spend